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AUTHOR Haenn, Joseph F.
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ABSTRACT

Project HAPPIER (Health Awareness Patterns Preventing Illnesses and Encouraging Responsibility) is assembling a consortium of representatives from departments of education in Minnesota, Arizona, Massachusetts, Georgia, Texas, Washington, Florida, California, and Puerto Rico to develop curriculum units for migrant children for teaching health information. The report summarizes results of a survey administered to samples of migrant health center staffs and consortium members and 40 state directors of migrant education to determine entry level knowledge of participating audiences to ensure that curriculum units will meet needs of migrant health staff, migrant education staff, and migrant parents. Respondents indicated migrant "wellness" and disease prevention should be a coordinated effort, led by migrant health projects and migrant education programs. Barriers to adequate health care are cost and inaccessibility, coupled with migrant life styles and lack of information. Since the family is seen as highly influential, any materials development should include materials for parents. The greatest needs for materials are in the areas of nutrition, human growth and development, disease control, and dental health. A knowledge of migrant designed to be integrated with existing curricula. A project overview and a list of objectives are provided in both English and Spanish. The appendices, which form the bulk of the document, include survey forms, comments, and item by item responses. (Author/NEC)

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HAPPIER

Health Awareness Patterns Preventing Illnesses and Encouraging Responsibility

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EVALUATION OF PROJECT HAPPIER SURVEY

Joseph F. Haenn

RC014801

February 15, 1984

Pennsylvania Department of Education·333 Market Street Harrisburg, Pennsylvania 17108 · Migrant Education

HAPPIER

Health Awareness Patterns Preventing Illnesses and Encouraging Responsibility

HAPPIER OVERVIEW

The Pennsylvania Department of Education administers Project HAPPIER, funded through discretionary funds by the United States Department of Education, Office of Migrant Education. The project coordinates an intra/interstate and intra/interagency effort to develop and disseminate curriculum units on the health awareness patterns that prevent illnesses and promote wellness for Migrant children.

Funded in September 1983, the Project assembled a consortium of representatives from the state departments of education of Minnesota, Arizona, Massachusetts, Georgia, Texas, Washington, Florida, California, and Puerto Rico. Represented as a part of the Consortium is Migrant Education, the United States Department of Education, Migrant Health, the United States Department of Health and Human Services. Also represented are various Health Management experts who will be used as sources of information on specific preventative and holistic health techniques. This Project will be developed cooperatively between health and education persons throughout the nation and at state and federal levels.

Each of these organizations will contribute to the development of materials for Migrant children from preschool to grade 12 for the teaching of correct information concerning health practices which promote wellness and the development of a Resource Guide to health education materials.

The materials will be designed to be used as a separate curriculum unit on preventative health or to be integrated into a regular math and reading curriculum, booklet for parents (English/Spanish); and a Resource Guide to existing health education materials, listing them by skill level.

Field testing of the materials involving administrators, teachers, and health personnel of Migrant children is being planned for California, Florida, Texas, and Puerto Rico in five pilot sites. It is anticipated that the project scope will be expanded to allow further refinement of the materials, Resource Guide, training strategies, overall dissemination of the project materials, and the training of Migrant teachers and health personnel in additional states.

Project HAPPIER will bring together for the first time the joint expertise of the United States Education Department (Migrant Education) and the Department of Health and Human Services (Migrant Health) whose primary concern will be the delivery of an effective preventative health curriculum for the benefit of migrant families.

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HAPPIER

Health Awareness Patterns Preventing Illnesses and Encouraging Responsibility

VISION GENERAL DE HAPPIER

El Departamento de Educación the Pensilvania administra el Proyecto HAPPIER, subvencionado mediante fondos arbitrarios, por el Departamento de Educación de los Estados Unidos, Oficina de Educación Migrante. El proyecto coordina un esfuerzo intra/interestatal e intra/iteragencias para desarrollar y diseminar unas unidades didácticas relacionadas con los principios de salud, para prevenir enfermedades y promocionar un sano biesnestar para los niños Migrantes.

Consolidado en septiembre de 1983, el Proyecto ha reunido un consorcio de representantes de los departamentos de educación de los estados de Minnesota, Massachussetts, Georgia, Texas, Washington, Florida, California y Puerto Rico. Como parte del consorcio están: Educación Migrante, Departamento de Educación de los Estados Unidos, Salud Migrante y Departamento de Salud y Servicios Humanos de los Estados Unidos. Como representantes del consorcio también hay varios expertos y directivos de Sanidad y Salud que servirán como fuentes de información en asuntos técnicos y específicos, sobre como mantener una vida sana. El Proyecto será llevado a cabo, conjuntamente, por personal de salud y educación a lo largo y ancho de la nación y a niveles estatales y federales.

Cada una de estas organizaciones contribuirá al desarrollo de materiales para niños migrantes, desde edad preescolar hasta el grado 12, para la enseñanza de una información correcta, concerniente a prácticas sanas, que promocionan el sano bienestar y el desarrollo de una Guía de Investigación para materiales educativos de salud.

Los materiales estarán ideados para que puedan usarse separadamente para salud preventiva o puedan ser integrados en un curso normal de matemáticas y lectura. Un folleto para los padres (inglés-español), y una Guía de Investigación sobre los materiales de salud educativa ya existentes, enumerados según el grado o nivel de destreza.

Experimentar los materiales entre administradores, maestros, y personal de salud para niños Migrantes, en California, Florida, Texas y Puerto Rico, como estados piloto. Podemos anticipar que el punto de mira del proyecto será ampliado para obtener unos materiales más refinados, Guía de Investigación, estrategias de enseñanza, diseminación de todos los materiales del proyecto y cursillos de adiestramiento para los maestros Migrantes y personal de salud en estados adicionales.

El Proyecto HAPPIER, por primera vez, unirá los conocimientos y habilidades del Departamento de Educación de los Estados Unidos (Educación Migrante) y del Departamento de Salud y Servicios Humanos (Salud Migrante) cuyo interés primario será la presentación de una unidad de salud efectiva y preventiva, para beneficio de las familias Migrantes.

HAPPIER

Health Awareness Patterns Preventing Illnesses and Encouraging Responsibility

HAPPIER OBJECTIVES

1. Establish a consortium which will be intra/interagency and intra/interstate and be representative of health personnel and educational personnel throughout the nation.

2. Determine entry level knowledge of Migrant Health staff, Migrant Education staff and Migrant children and parents pertaining to health patterns.

3. Create an awareness for all audiences of individual health patterns and the corresponding materials to meet those needs.

4. Create an awareness for all audiences of health patterns presently existing in Migrant families and individualized for specific geographic regions.

5. Design and develop a Resource Guide of health education materials by skill and addressing selected topics through body systems.

6. Design and develop materials that can be used by Migrant Health staff, Migrant Education staff, and Migrant children and parents to teach an awareness of health patterns that prevent illnesses and encourage responsibility toward promoting wellness, while teaching the basic reading and math skills normally taught to Migrant children.

7. Field test the curriculum units in California, Texas, Puerto Rico, and Florida involving Migrant Health staff, Migrant Education staff, and Migrant children and parents.

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HAPPIER

Health Awareness Patterns Preventing Illnesses and Encouraging Responsibility

OBJETIVOS DE HAPPIER

1. Establecer un consorcio que será intra/interagencias e intra/interestatal, que estará representado por el personal de sanidad o salud y personal educativo de toda la nación.

2. Determinar el primer grado o nivel por personal de Salud Migrante, Educación Migrante y niños y padres migrantes sobre principios concernientes a la salud.

3. Crear un interés y temas para todas las audiencias sobre principios de salud individual y los materiales correspondientes para conocer estas necesidades.

4. Crear un interés para todas las audiencias acerca de los principios de salud que actualmente existen entre las familias migrantes, individualizados según regiones geográficas específicas.

5. Trazar y desarrollar una Guía de Investigación sobre materiales educativos de salud según destrezas, tocando tópicos seleccionados y relacionados con los sistemas del cuerpo humano.

6. Trazar y desarrollar materiales que puedan ser usados por el personal de Salud Migrante, Educación Migrante y por los niños y padres migrantes, para enseñar unos conceptos de salud para prevenir enfermedades y procurar inculcar responsabilidad hacia la promoción del bienestar, mientras se enseñan las destrezas básicas de lectura y matemáticas, que normalmente se enseñan a los Niños Migrantes.

7. Experimentar los materiales de enseñanza en California, Texas, Puerto Rico y Florida, presentándolos al personal de Salud Migrante, Educación Migrante y niños y padres migrantes.

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EXECUTIVE SUMMARY

Evaluation of Project HAPPIER Survey

Project HAPPIER is funded by the Office of Migrant Education of the United States Department of Education. Administered by the Pennsylvania Department of Education, the project is assembling a consortium of representatives from state departments of education to develop curriculum units for migrant children for the teaching of currect information concerning health. This report summarizes the results of a survey to determine entry level knowledge of the varicus participating audiences to ensure the curriculum unit will meet the needs of migrant health staff, migrant education staff, and migrant parents.

Respondents indicated migrant "wellness" and disease prevention should be a coordinated effort, led by migrant health projects and migrant education programs. Barriers to adequate health care are cost and inaccessibility, coupled with migrant life styles and lack of information. Since the family is seen as highly influential, any materials development should include materials for parents. The greatest needs for materials are in the areas of nutrition, human growth and development, disease control and dental health. A knowledge of migrant peoples is essential to the teaching process. Materials should be designed to be integrated with existing curriculae.

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Evaluation of Project HAPPIER Survey

Project HAPPIER (Health Awareness Patterns Preventing Illnesses and Encouraging Responsibility) is funded with discretionary funds by the Office of Migrant Education of the United States Department of Education. Administered by the Pennsylvania Department of Education, The Project coordinates an intra/interstate and intra/interagency effort to develop and disseminate curriculum units on the health awareness patterns preventing illnesses and encouraging responsibility to migrant children.

Initially funded in September of 1983, the project is assembling a consortium of representatives from the state departments of education of California, Florida, Minnesota, New Hampshire, Puerto Rico, Texas and Washington. Represented as a part of the Consortium is the Office of Migrant Education of the United States Department of Education and the Office of Migrant Health of the Department of Health and Human Services. Also represented are various State Health Directors. This project will be developed cooperatively between health and education persons throughout the nation and at state and federal levels.

Each of these organizations will contribute to the development of curriculum units for migrant children from pre-kindergarten to grade 12 for the teaching of correct information concerning health. The unit will be designed to be used as a separate curriculum unit on health or to be integrated into the regular math and reading curriculum. It will be skill-sequenced and useable by teachers, health personnel, and parents in any instructional setting, both in English and Spanish. The primary parts of the curriculum will be a Planned Course for Instruction (English/Spanish), the actual tool for instruction; a Guide for Health (English/Spanish), the staff development instrument for training teachers and health staff; and a booklet for parents (English/Spanish).

Field testing of the curriculum unit involving administrators, teachers, and health personnel of migrant children is being planned for California, Florida, Texas, and Puerto Rico. It is anticipated that the project scope will be expanded to allow further refinement of both the curriculum unit, training strategies, overall dissemination of the project materials and the training of migrant teachers in additional states.

Survey of Migrant Education Programs

A survey was developed to determine entry level knowledge of the various participating audiences in order to

ensure that the curriculum unit will meet the needs of migrant health staff, migrant education staff, and migrant parents. It assesses the current health needs of migrants and the availability of educational materials to assist the efforts of local migrant education programs.

Two forms of the survey were used. One form, presented in Appendix A, was administered to samples of the staffs of Migrant Health Centers and the Consortium Members. The other form, presented in Appendix B, was administered to State Directors of Migrant Education. The results of the administration of these surveys are the subject of this report.

Limitations of the Survey

The survey was developed independently of this evaluation and before an evaluation plan was established. This resulted in a format which was problematic for some survey items.

Item 3 called for a single response, but more often than not this item generated multiple responses. These multiple responses are included in this report.

Items 5 through 10 called for rankings of responses. Although the directions were worded differently on the two forms, about a third of the respondents checked their responses rather than ranking them. Therefore, each type of response mode will be reported separately in the discussion of each of these items. In some instances respondents ranked some of the responses, but left others blank. For the purposes of this evaluation, the remaining responses were ranked randomly if over half of the responses were ranked, but were treated as checked responses if half or fewer of the responses were ranked.

Finally, the last five items on the survey, especially the last two items, were answered by only a small proportion of the respondents. Therefore, the representativeness of these responses must be questioned.

RESULTS

This evaluation report summarizes the responses across the three respondent groups by survey item. In other words, for each item the responses of the three respondent groups are compared. Numerous comments to the "other (please specify)" alternatives or to the items in general are used to extend these results. Complete comments are included as Appendices C (Migrant Health Center respondents), D (HAPPIER Consortium Members), and E (Migrant Education State Directors).

Item 6. *Do you need any health educational materials and training in order to implement a disease prevention and/or health promotion program for your migrant families?*

This item appears only on the survey administered to the State Directors of Migrant Education (Appendix B). Five of the 40 respondents omitted this item. Of the remainder, 24 respondents (69 percent) indicated they need health educational materials and/or training.

Twenty-five respondents provided written comments. These comments are presented as part of Appendix E. Of these comments, six were explanations of their response. Another respondent said more funds would be needed to implement such programs.

One respondent requested the development of audio-visual materials. Six respondents need more (or any!) materials of this type, and three respondents said they could use the training.

Five respondents indicated a need for materials which are appropriate for the family, parents, and/or children. Four requested Spanish materials while one said the materials should be culturally appropriate.

The areas in which materials are needed according to these comments are:

Dental hygiene (4 respondents)
Hygiene (3)
Nutrition (3)
Early childhood development (2)
Sex education (2)
Adolescent pregnancy
Communicable disease control
Cross-cultural awareness
Family planning
First aid
General health awareness
Health awareness patterns
Herpes Simplex II
Home safety
Immunizations
Impetigo
Infant care
Lead toxicity
Pesticides
Proper diet
Substance abuse

Item 1. *What groups in a community should promote wellness and disease prevention in migrant children and their families?*

Responses to this item for each of the three groups of respondents is presented in Table 1. A "coordination of efforts" was checked most often, followed by "Migrant Health Staff" and "Migrant Education Program Staff." Only about half of the respondents checked "Head Start Program Staff." There was very little difference in response across the three groups.

There were 11 specified responses in the "other" category. These included: public/county health officials (3 respondents), state department of health (2), school nurses (2), employers, hospitals, mental hygiene staff, legal aid, social services, the Growers Association, and the name of a specific person.

Item 2. *In your community have agencies and organizations cooperated, in the past, to provide disease prevention and health promotion programs for migrant children and their families?*

A summary of responses to this item are presented in Table 2. More than 80 percent of the respondents answered affirmatively, although 4 respondents in each group omitted this item. Of the 17 written comments, 2 respondents indicated this item was not applicable while another did not know. Ten other respondents indicated such cooperation was not adequate, but did exist to some extent.

Item 3. *Which organization in your community could most effectively coordinate health promotion programs for migrant families?*

The response checked most often was "Migrant Health Projects" (36 respondents), followed by "Migrant Education Programs" and "other" (10 respondents each). These responses are summarized in Table 3.

As mentioned previously, many respondents (about half of them) checked more than one response to this item. Most often checked in combination were "Migrant Health Projects" and "Migrant Education Programs" or one or both of these in combination with the "other" category.

There were a total of 32 respondents (or about 27 percent) who checked the "other" category. Most frequently indicated others were: public, county and/or state health departments (9 respondents); special migrant or rural health councils or agencies (8); community or non-profit groups or organizations (4); clinics (3); and public, migrant or school

TABLE 1
ITEM 1 RESPONSES

Responses Checked	Health Centers No	Health Centers %	State Directors No	State Directors %	Consortium Members No	Consortium Members %
Migrant Health Staff	47	67	26	65	8	89
Migrant Ed. Program Staff	46	66	20	50	8	89
Head Start Program Staff	36	51	14	35	6	67
Coordination of efforts...	58	83	36	90	9	100
(other)	12	17	6	15	2	22

TABLE 2
ITEM 2 RESPONSES

Response Checked	Health Centers No	Health Centers %	State Directors No	State Directors %	Consortium Members No	Consortium Members %
Yes	53	80	30	83	5	100
No	13	20	6	17	0	0
(Number of omits)	(4)		(4)		(4)	

TABLE 3
ITEM 3 RESPONSES

Responses Checked	Health Centers No	Health Centers %	State Directors No	State Directors %	Consortium Members No	Consortium Members %
a. Migrant Health Proj.	26	37	10	25	0	0
b. Migrant Ed. Programs	4	6	6	15	0	0
c. Planned Parenthood	0	0	0	0	0	0
d. Churches	0	0	0	0	0	0
e. Hospitals	0	0	0	0	1	12
f. (other)	3	4	7	18	0	0
(combinations of above)	37	53	17	43	7	88
-a & b	17	46	6	35	3	38
-a, b & f	9	24	0	0	1	12
-a & f	4	11	2	12	0	0
-other combinations	7	19	9	53	4	50

health nurses (3).

Item 4. *Check one or more definitions that best describe your view of "Holistic Health".*

The results of this item are presented in Table 4. The most frequently checked response was "Viewing a person's wellness from a variety of perspectives", which was checked by about three-quarters of the respondents. About two-thirds of the respondents checked "Treating the 'person' not the 'disease'" and "Promoting unity of body, mind and spirit." About half of the respondents checked "Bringing together concepts and skills to enhance a person's growth towards harmony and balance." Less tha one-fourth of the respondents checked any of the other four responses.

There was little difference in responding among the three groups, although the State Directors tended to rank the most popular responses somewhat lower.

There were six written comments to this item. One person indicated he/she didn't "have a clue" as to which one to choose. Another thought "all of the above (were acceptable) dependent on the individual." A third respondent did not like any of the responses, but could have chosen the last response if "unsound" was changed to "sound." Another person provided his/her own definition: "Treating the person in the environment including the body, mind and spirit." Finally, one respondent indicated that an article (probably describing holistic health) was attached, but this evaluator did not receive the article.

TABLE 4
ITEM 4 RESPONSES

Responses Checked	Health Centers No	Health Centers %	State Directors No	State Directors %	Consortium Members No	Consortium Members %
Viewing person's wellness...	50	74	28	70	8	89
Bringing together concepts...	36	53	17	43	5	56
Treating "person" not disease	47	69	10	25	6	67
Promoting unity of body, mind	45	66	19	48	6	67
Alternative to conventional...	5	7	9	23	3	33
Combining with best health...	6	9	5	13	2	22
A popular, but unscientific...	4	6	2	5	0	0
Unsound set of principles...	3	4	1	3	0	0
(number of omits)	(2)		(0)		(2)	

Items 5-10.

As stated previously, these items were to collect a ranking of responses. However, some respondents ranked only a few of the responses while others simply checked responses. Therefore, both types of responses are included in the following discussions of these items.

A summary of the number and percentage of respondents who ranked and checked the responses to items 5 through 10 are presented in Table 5 for each of the three groups of respondents. For most items, 60 to 80 percent of the respondents used rankings.

TABLE 5
TYPES OF RESPONSES TO ITEMS 5-10

Item No.	Health Centers					State Directors					Consortium Members				
	Ranking		Checking		No. of Omits	Ranking		Checking		No. of Omits	Ranking		Checking		No. of Omits
	No	%	No	%		No	%	No	%		No	%	No	%	
5	41	60	27	40	2	25	65	14	35	0	6	67	3	33	0
6	43	62	26	38	1	28	70	12	30	0	6	67	3	33	0
7	48	70	21	30	1	32	80	8	20	0	6	67	3	33	0
8	45	65	24	35	1	27	73	10	27	3	6	67	3	33	0
9	41	61	26	39	3	29	76	9	24	2	4	44	5	56	0
10	40	57	30	43	0	21	54	18	46	1	5	56	4	44	0

Item 5. *What are the barriers that prevent migrant children and their parents from obtaining health care?*

The results for this item are presented in Tables 6-8, separately for each of the respondent groups. Although most respondents did not check or rank the "Other" response, the minimum and maximum values given are for those respondents who did rank this response. The mean of the "Other" response is only for those respondents who did rank this response. Because of the limited numbers of respondents ranking this response, the mean will not be discussed in the following sections.

"High cost" and "inaccessibility" were indicated as the primary barriers to obtaining health care. Migrant State Directors ranked "high cost" highest and checked it more often, while the respondents in Migrant Health Centers rated "inaccessibility" highest. These were followed, in order, by "unavailability," "discrimination," and "poor quality of care."

There were 30 comments to the "Other" category. They

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TABLE 6
ITEM 5 RESPONSES (MIGRANT HEALTH CENTERS)

	Respondents Ranking (N=41)				Respondents Checking (N=27)	
Response	Min	Max	Mean	S.D.	Number	Percent
Inaccessibility	1	5	2.1	1.15	19	70
Unavailability	1	6	3.1	1.05	6	22
High cost	1	5	2.1	1.21	16	59
Discrimination	1	6	3.4	1.16	10	37
Poor quality	4	6	5.1	0.44	3	11
(Other)	1	6	3.2	1.83	15	56

TABLE 7
ITEM 5 RESPONSES (MIGRANT STATE DIRECTORS)

	Respondents Ranking (N=26)				Respondents Checking (N=14)	
Response	Min	Max	Mean	S.D.	Number	Percent
Inaccessibility	1	4	2.2	0.95	4	29
Unavailability	1	6	3.0	1.31	1	7
High cost	1	4	1.8	0.80	9	64
Discrimination	1	6	4.1	1.29	2	14
Poor quality	4	6	4.8	0.67	0	0
(Other)	1	6	3.3	2.06	5	36

TABLE 8
ITEM 5 RESPONSES (MIGRANT CONSORTIUM MEMBERS)

	Respondents Ranking (N= 6)				Respondents Checking (N= 3)	
Response	Min	Max	Mean	S.D.	Number	Percent
Inaccessibility	1	4	2.0	1.26	3	100
Unavailability	2	3	2.5	0.55	0	0
High cost	1	6	3.5	2.07	2	67
Discrimination	2	6	3.8	1.33	0	0
Poor quality	2	5	4.5	1.22	0	0
(Other)	1	3	2.0	1.41	2	67

fall into the following groupings:

Lack of general health knowledge (6 respondents)
Lack of awareness of services (5)
Cultural bias against health care (4)
Language barriers (4)
Fear due to alien status (3)
Lack of transportation (3)
Lack of agency outreach, insensitivity (3)
Regulations; fear of the system (3)
Lack of adequate income (2)
Work scheduling, timing (1)

Item 6. *What are the barriers that prevent migrant children and their parents from using health practices that promote "wellness"?*

These results are presented in Tables 9 through 11. "Lack of information" was cited as the principal cause, with "cultural beliefs," "lack of motivation," and "fatalistic attitude," in that order, falling a considerable distance behind.

There were 19 written responses for the "Other" category. These were similar to the previous item, but also somewhat different. In summary, they were:

Life style/ habits (4 respondents)
Poverty (4)
Lack of health care continuity, migratory status (3)
Language barrier (3)
Social isolation, way they are treated (2)
Lack of transportation (1)
Cannot read (1)
Health care not a priority (1)
Lack of assertiveness (1)
Ignorance (1)
Attitudes (1)
Lack of time (1)

Item 7. *What contributes most to the health status of an individual?*

"Life style" was indicated to be the most important factor in determining the health status of an individual, followed by "environment" (Tables 12 through 14). Less important were the "human biological factors" and the "health care delivery system." There was almost no difference in response across the three respondent groups.

Only eight respondents chose the "Other" category. The indicated responses can be summarized as:

TABLE 9
ITEM 6 RESPONSES (MIGRANT HEALTH CENTERS)

Response	Respondents Ranking (N=43) Min	Max	Mean	S.D.	Respondents Checking (N=26) Number	Percent
Cultural beliefs	1	5	2.6	0.88	18	69
Lack of motiv.	1	5	2.8	1.29	11	42
Fatalistic att.	1	5	3.3	1.04	9	35
Lack information	1	5	1.9	1.18	21	81
(Other)	1	5	2.0	1.41	6	23

TABLE 10
ITEM 6 RESPONSES (MIGRANT STATE DIRECTORS)

Response	Respondents Ranking (N=28) Min	Max	Mean	S.D.	Respondents Checking (N=12) Number	Percent
Cultural beliefs	1	5	2.9	1.02	1	8
Lack of motiv.	1	5	2.9	1.18	2	17
Fatalistic att.	1	5	3.0	1.05	0	0
Lack information	1	4	1.7	1.06	9	75
(Other)	1	5	2.8	1.83	5	42

TABLE 11
ITEM 6 RESPONSES (MIGRANT CONSORTIUM MEMBERS)

Response	Respondents Ranking (N= 6) Min	Max	Mean	S.D.	Respondents Checking (N= 3) Number	Percent
Cultural beliefs	2	4	2.7	0.82	2	67
Lack of motiv.	2	4	3.2	0.98	0	0
Fatalistic att.	2	4	3.2	0.75	2	67
Lack information	1	1	1.0	0.00	3	100
(Other)	0	0	0.0	0.00	0	0

TABLE 12
ITEM 7 RESPONSES (MIGRANT HEALTH CENTERS)

Response	Respondents Ranking (N=48) Min	Max	Mean	S.D.	Respondents Checking (N=21) Number	Percent
Delivery system	1	4	3.4	0.85	4	19
Life styles	1	3	1.6	0.79	19	90
Environment	1	4	2.1	0.76	12	57
Human biological	1	5	3.0	1.12	6	29
(Other)	1	3	2.0	1.41	1	5

TABLE 13
ITEM 7 RESPONSES (MIGRANT STATE DIRECTORS)

Response	Respondents Ranking (N=32) Min	Max	Mean	S.D.	Respondents Checking (N= 8) Number	Percent
Delivery system	1	4	3.3	0.90	1	13
Life styles	1	4	1.6	0.98	5	63
Environment	1	3	2.0	0.57	4	50
Human biological	1	5	3.3	0.92	0	0
(Other)	1	4	2.5	2.12	2	25

TABLE 14
ITEM 7 RESPONSES (MIGRANT CONSORTIUM MEMBERS)

Response	Respondents Ranking (N= 6) Min	Max	Mean	S.D.	Respondents Checking (N= 3) Number	Percent
Delivery system	3	4	3.5	0.55	2	67
Life styles	1	2	1.2	0.41	2	67
Environment	1	3	2.2	0.75	1	33
Human biological	2	4	3.2	0.98	1	33
(Other)	0	0	0.0	0.00	1	33

Education (2 respondents)
Economic constraints (2)
Health self perception, attitude (2)
Transportation (1) and Friendships (1)

Item 8. *Who has the most influence and credibility in promoting good health practices among migrant children and their parents?*

The results for item 8 are presented in Tables 15 through 17. The family was seen as the most influential by Health Center and Consortium Member respondents, while outreach workers and teachers were indicated as most influential by Migrant State Directors. Church and the media were seen as the least influential by all three groups.

There were fourteen responses to the "Other" category. These can be summarized as:

Local health education efforts (3 respondents)
Migrant Health Education program, staff (2)
Public schools (2)
Peers, family tradition (2)
Employers (1) and Parents- for children (1)
Anyone who speaks Spanish (1)

Item 9. *Who should provide health education for migrant children and their parents?*

Responses to this question are summarized in Tables 18 through 20. Teachers, nurses and outreach workers were indicated as those individuals who should provide health education for migrant children and their parents. Again, the church and media were rated as least important.

There were 19 written responses to the "Other" category. They can be summarized as:

All of the listed groups (3 respondents)
School or public health nurse (3)
Public school education programs (3)
Migrant Education Programs (3)
Public health clinics, educators (2)
Peer group trained in health practices (2)
Anyone who has the confidence of the migrants (1)

Item 10. *Which Health Instruction areas are most important in meeting the immediate and long-term health needs of migrant children and their families?*

The responses to Item 10 are summarized in Tables 21 through 23. The instructional area deemed most important, by

TABLE 15
ITEM 8 RESPONSES (MIGRANT HEALTH CENTERS)

Response	Respondents Ranking (N=45) Min	Max	Mean	S.D.	Respondents Checking (N=24) Number	Percent
Doctors	1	7	3.6	1.91	8	33
Nurses	1	7	3.7	1.58	10	42
Teachers	1	8	3.9	1.79	13	54
Out-reach wkr.	1	7	3.5	1.71	14	58
Family	1	7	2.8	1.95	15	62
Church	1	8	4.8	2.02	9	38
Media	2	8	6.0	1.51	5	21
(Other)	1	5	2.7	2.08	6	25

TABLE 16
ITEM 8 RESPONSES (MIGRANT STATE DIRECTORS)

Response	Respondents Ranking (N=27) Min	Max	Mean	S.D.	Respondents Checking (N=10) Number	Percent
Doctors	1	7	4.5	1.60	2	20
Nurses	1	6	3.1	1.41	0	0
Teachers	1	6	3.2	1.49	6	60
Out-reach wkr.	1	6	2.7	1.48	3	30
Family	1	7	3.4	2.26	4	40
Church	1	7	5.1	1.88	2	20
Media	3	8	6.4	1.15	1	10
(Other)	1	8	3.7	3.79	3	30

[Number of omits = 3]

TABLE 17
ITEM 8 RESPONSES (MIGRANT CONSORTIUM MEMBERS)

Response	Respondents Ranking (N= 6) Min	Max	Mean	S.D.	Respondents Checking (N= 3) Number	Percent
Doctors	1	6	4.2	1.83	1	33
Nurses	2	5	3.2	1.17	2	67
Teachers	1	5	3.0	1.67	2	67
Out-reach wkr.	1	6	3.7	1.97	2	67
Family	1	6	2.3	1.97	2	67
Church	3	7	5.0	1.67	1	33
Media	6	7	6.7	0.52	0	0
(Other)	8	8	8.0	0.00	1	33

TABLE 18
ITEM 9 RESPONSES (MIGRANT HEALTH CENTERS)

Response	Respondents Ranking (N=41) Min	Max	Mean	S.D.	Respondents Checking (N=26) Number	Percent
Doctors	1	6	3.5	1.61	11	42
Nurses	1	7	3.0	1.56	17	65
Teachers	1	8	2.9	1.74	19	73
Out-reach wkr.	1	7	3.1	1.69	18	69
Family	1	7	4.4	1.99	11	42
Church	3	7	5.7	1.35	8	31
Media	1	7	5.6	1.75	7	27
(Other)	1	1	1.0	0.00	10	38

TABLE 19
ITEM 9 RESPONSES (MIGRANT STATE DIRECTORS)

Response	Respondents Ranking (N=29) Min	Max	Mean	S.D.	Respondents Checking (N= 9) Number	Percent
Doctors	1	7	4.4	1.76	2	22
Nurses	1	6	2.8	1.32	2	22
Teachers	1	7	2.8	1.72	4	44
Out-reach wkr.	1	7	2.9	1.50	6	67
Family	1	8	4.6	2.44	2	22
Church	1	8	5.6	1.50	0	0
Media	3	8	5.6	1.40	0	0
(Other)	1	7	3.0	2.83	3	33

[Number of Omits = 2]

TABLE 20
ITEM 9 RESPONSES (MIGRANT CONSORTIUM MEMBERS)

Response	Respondents Ranking (N= 4) Min	Max	Mean	S.D.	Respondents Checking (N= 5) Number	Percent
Doctors	4	7	5.5	1.29	2	40
Nurses	1	8	3.2	3.30	5	100
Teachers	2	2	2.0	0.00	4	80
Out-reach wkr.	3	4	3.2	0.50	3	60
Family	1	5	3.8	1.89	4	80
Church	5	7	6.0	0.82	1	20
Media	4	7	6.0	1.41	2	40
(Other)	1	1	1.0	0.00	3	60

TABLE 21
ITEM 10 RESPONSES (MIGRANT HEALTH CENTERS)

Response	Respondents Ranking (N=40) Min	Max	Mean	S.D.	Respondents Checking (N=30) Number	Percent
Nutrition	1	7	2.1	1.37	27	90
Fitness	1	11	5.6	2.95	11	37
Dental health	1	10	4.8	2.54	22	73
Human G&D	1	11	4.0	2.65	17	57
Mental health	3	11	6.8	2.12	6	20
Substance abuse	3	11	7.3	2.23	12	40
Disease control	1	11	4.8	2.64	18	60
Anatomy	2	12	8.8	2.74	1	3
Physiology	3	11	8.8	2.57	1	3
Safety	1	10	5.8	2.51	19	63
Consumer health	1	11	7.9	2.77	4	13
(Other)	1	12	4.3	4.13	5	17

TABLE 22
ITEM 10 RESPONSES (MIGRANT STATE DIRECTORS)

Response	Respondents Ranking (N=19) Min	Max	Mean	S.D.	Respondents Checking (N=20) Number	Percent
Nutrition	1	5	1.9	1.27	20	100
Fitness	2	11	6.2	2.15	11	55
Dental health	1	8	4.1	2.13	14	70
Human G&D	1	8	3.8	2.34	9	45
Mental health	2	9	5.2	1.96	9	45
Substance abuse	2	11	7.0	2.29	6	30
Disease control	1	11	4.2	2.50	10	50
Anatomy	3	11	9.2	1.98	1	5
Physiology	4	11	9.3	1.67	2	10
Safety	1	11	6.6	2.69	13	65
Consumer health	1	11	8.2	3.19	1	5
(Other)	12	12	12.0	0.00	3	15

TABLE 23
ITEM 10 RESPONSES (MIGRANT CONSORTIUM MEMBERS)

Response	Respondents Ranking (N= 5) Min	Max	Mean	S.D.	Respondents Checking (N= 4) Number	Percent
Nutrition	1	3	2.0	0.71	4	100
Fitness	2	10	6.4	3.65	2	50
Dental health	3	8	5.4	1.82	3	75
Human G&D	4	8	5.6	1.67	4	100
Mental health	1	9	5.2	3.03	2	50
Substance abuse	1	9	6.0	3.46	3	75
Disease control	1	7	4.2	2.28	3	75
Anatomy	6	11	9.8	2.17	2	50
Physiology	7	11	9.6	1.52	2	50
Safety	2	8	4.6	2.41	3	75
Consumer health	1	11	7.2	3.77	3	75
(Other)	0	0	0.0	0.00	1	25

TABLE 24
ITEM 11 RESPONSES

Responses Checked	Health Centers No	%	Consortium Members No	%
Basic health information	50	71	6	67
Importance of folk medicine	48	69	4	44
Parents' health values, beliefs...	61	87	7	78
Good health habit barriers	64	91	8	89
Families' present health knowledge	49	70	5	56

TABLE 25
ITEM 12 RESPONSES

Responses Checked	Health Centers No	%	Consortium Members No	%
Teacher's guide	14	20	4	44
Health skills list	26	37	2	22
Health concepts correlated to skills	30	43	4	44
Strategies of integrating health	49	70	7	78
Materials and activities	51	73	5	56
Health resource guide	21	30	7	78
Health ed. needs assessment instr.	30	43	6	67

far and by all groups, is Nutrition. Human Growth and Development was rated next followed closely by Disease Control and Dental Health. Fitness and Mental Health also were rated highly. The lowest rated areas were Anatomy and Physiology. There was considerable agreement amongst the three groups in their ratings.

There were ten written comments to the "Other" response for this item. Three respondents recommend Personal Hygiene and Cleanliness. Two others suggest Prevention Techniques, such as reading a thermometer and knowing the basic danger signals. Other instructional areas suggested are first aid, genetic counseling, home medical care, pesticides, pre or perinatal care, recreational sport for girls, and health social issues. One respondent suggested materials which would result in a "targeted education on specific common diseases to migrants."

Item 11. *What do you need to know in order to teach good health practices to migrant children and their parents?*

The results for Item 11 are presented in Table 24 for respondents from the Health Centers and the Consortium Members. This item did not appear on the survey mailed to Migrant State Directors.

The most frequently checked response was "barriers that prevent the practice of good health habits." This was followed, in order, by "parents' values, beliefs and attitudes toward health," "basic health information," "the families present knowledge of good health practices," and "the importance of folk medicines in the lives of migrant farmworkers." Each response was checked by at least half of the respondents. The only comment to this item was the use of "basic common sense."

Item 12. *What types of materials do you need to promote sound health concepts?*

Table 25 presents the results for Item 12. This item also was only on the survey form completed by the Migrant Health Center personnel and the Consortium Members.

"Strategies and techniques of integrating health concepts into existing curriculums" and "materials and activities to present health concepts" were checked most frequently. No other response was checked by at least half of the respondents. A "health education needs assessment instrument" and "health concepts correlated to the skills list" were the next most checked responses. Less than one-quarter of the respondents checked "a teacher's guide."

There were four comments to this item. Two respondents believe "common sense and imagination" are needed to teach these health concepts; "most migrant families do not learn comfortably by reading, but by talking 1 to 1." Another respondent included a list of items on the back of the page, but this list was not included with the photocopy given to the evaluator. Finally, one respondent said what is needed is "a national priority list of immediate and long term Health Education priorities that will be reinforced North and South."

Item 13. *Do you know of anyone who has been involved with Migrant populations in determining health patterns, beliefs, attitudes, and/or needs?*

The response to the Yes/No portion of this item is presented in Table 26. This item appeared as Item 11 on the survey used with the Migrant State Directors. Respondents who answered "Yes" butdidnot provide any names and addresses or who omitted this items was counted as having answered "No." The same procedure was used for the next two items.

About 45 percent of the respondents answered affirmatively. A listing of the over 60 individuals and organizations, along with addresses, is presented in Appendix F.

Item 14. *Do you know of any instruments that have been used to survey health patterns, beliefs, attitudes and/or needs of migrant populations?*

The response to the Yes/No portion of this item is presented in Table 27. This item appeared as Item 12 on the survey used with the Migrant State Directors.

Less than one-quarter of the respondents answered this item affirmatively. There were sixteen leads regarding materials which are known to be available, most of which were in the form of the name of the actual material. Two other respondents indicated they had sent, or would be sending, some materials. Three other respondents made references back to individuals identified in the previous item.

A complete listing of these responses is provided in Appendix G.

Item 15. *Do you know of any health educational materials appropriate for migrant children and their parents?*

The response to the Yes/No portion of this item is presented in Table 28. This item appeared as Item 13 on the survey used with the Migrant State Directors.

TABLE 26
ITEM 13 RESPONSES

Response	Health Centers No	Health Centers %	State Directors No	State Directors %	Consortium Members No	Consortium Members %
Yes	31	44	18	45	5	56
No	39	56	22	55	4	44

TABLE 27
ITEM 14 RESPONSES

Response	Health Centers No	Health Centers %	State Directors No	State Directors %	Consortium Members No	Consortium Members %
Yes	15	21	8	20	4	44
No	55	79	32	80	5	56

TABLE 28
ITEM 15 RESPONSES

Response	Health Centers No	Health Centers %	State Directors No	State Directors %	Consortium Members No	Consortium Members %
Yes	22	31	15	38	4	44
No	48	69	25	62	5	56

Only about one-third of the respondents answered this item affirmatively. There were nineteen leads regarding materials which are known to be available, most of which were in the form of the name of the actual material. Two other respondents indicated they had sent, or would be sending, some materials. One respondent made reference back to the individual identified in Item 13. Seven other respondents made references to general materials such as those published by the Dairy Council, American Dental Association, American Cancer Society, pharmaceutical laboratories and the like.

A complete listing of the responses to this item is presented in Appendix H.

Item 16. *What are the most frequently diagnosed health problems in migrant families:*

There were four age groupings to use in responding to this item: 0-1 years, 1-5 years, 6-18 years, and 18 years and over. Respondents were to answer this item only if they had accurate data. Therefore, only about twenty percent of the respondents answered any part of this item, and there were only 12 responses for the upper age group.

Complete responses to this item are presented in Appendix I. However, the results are summarized below for those responses noted by at least two or more respondents:

0-1 years

Upper respiratory infections, including sore throats and bronchitis (11 respondents)
Anemia (6)
Otitis media (5)
Gastro-intestinal upsets, incl. gastroenteritis (5)
Other nutritional deficiencies incl. weight prob. (4)
Dermatological problems, including skin rashes (3)
Intestinal infections, including parasites (3)
Diarrhea (2)

1-5 years

Upper respiratory infections (12)
Anemia (7)
Otitis media (6)
Dermatological problems (4)
Dental problems (4)
Nutritional deficiencies (4)
Immunization problems (3)
Acute contagious communicable diseases (2)
Intestinal infections (2)
Lice (2)
Allergies (2)
Ear infections (2)

6-18 years

Dental problems (13)
Anemia (8)
Upper respiratory infections (8)
Other nutritional deficiencies (5)
Lice (4)
Pregnancy (4)
Immunization problems (3)
Intestinal infections (3)
Visual problems (3)
Family planning (3)
Dermatological problems (2)
Pediculosis (2)
Accidents (2)
Influenza (2)

18 years and over

Hypertension (4)
Female infections (3)
Nutritional problems (3)
Diabetes mellitus (3)
Pregnancy (3)
Alcohol problems (2)
Dental problems (2)
Musculo-skeletal disorders (2)
Substance abuse (2)
Anemia (2)
Accidents, injuries (2)

Item 17. *What are the leading causes of death in migrants?*

The same four age groupings were used in responding to this item as in the previous item: 0-1 years, 1-5 years, 6-18 years, and 18 years and over. Respondents also were to answer this item only if they had accurate data. Therefore, less than nine percent of the respondents answered any part of this item.

Complete responses to this item are presented in Appendix J. Because of the limited number of respondents, these responses must be viewed as very tentative. However, the results are summarized below for those responses noted by at least two or more respondents:

0-1 years

Dehydration (4 respondents)
Diarrhea (3)
Neglect, esp. by high risk prenatal patients (2)
Accidents (2)

1-5 years

Accidents (4)

6-18 years

Accidents, including drownings, homicides, farm and automobile accidents (9)

18 years and over

Accidents and trauma (6)
Cardiovascular disease (3)
Chronic respiratory and other diseases (3)
Hypertension (2)
Malignancies (2)

APPENDIX A

HAPPIER Survey Form Used for Migrant Health Centers and Consortium Members

HAPPIER

Health Awareness Patterns Preventing Illnesses and Encouraging Responsibility

Survey - Migrant Health Programs

Questions for Migrant Health Care Providers/Migrant Education

1. What groups in a community should promote wellness and disease prevention in migrant children and their families? Check one or more of the following:

   ____ Migrant Health Staff
   ____ Migrant Education Program Staff
   ____ Head Start Program Staff
   ____ Coordination of efforts of all agencies and persons in a community that have an impact on the health status of an individual.
   ____ Other (Please Specify)

   _____

2. In your community have agencies and organizations cooperated, in the past, to provide disease prevention and health promotion programs for migrant children and their families?

   ____ YES ____ NO

3. Which organization or agency in your community could most effectively coordinate health promotion programs for migrant families?

   ____ Migrant Health Projects
   ____ Migrant Education Programs
   ____ Planned Parenthood
   ____ Churches
   ____ Hospitals
   ____ Other (Please Specify)

   _____

4. Check one or more definitions that best describe your view of "Holistic Health".

   ____ Viewing a person's wellness from a variety of perspectives.
   ____ Bringing together concepts and skills to enhance a person's growth towards harmony and balance.
   ____ Treating the "person" not the "disease".
   ____ Promoting the unity of body, mind, and spirit.
   ____ An alternative to conventional medical practices.
   ____ Combining with the best health practices from both the east and the west.
   ____ A popular, but unscientific, "self-help" program.
   ____ An unsound set of principles that could delay or prevent necessary medical treatment.

Please rank your responses for questions 5 through 10.

5. What are the barriers that prevent migrant children and their parents from obtaining health care?

____ Inaccessibility of health care delivery systems
____ Unavailability of health care delivery systems
____ High cost of care
____ Discrimination by the health care delivery system
____ Poor quality of care received
____ Other (Please Specify)

_____

6. What are the barriers that may prevent migrant children and their parents from using health practices that promote "wellness"?

____ Cultural beliefs
____ Lack of motivation to change
____ Fatalistic attitude (feel they have no control of their destiny)
____ Lack necessary information to promote "wellness"
____ Other (Please Specify)

_____

7. What contributes most to the health status of an individual?

____ Health Care Delivery System (restoration curative)
____ Life styles (leisure activity, consumption patterns, employment, and occupational risk)
____ Environment (social, psychological, physical)
____ Human biological factors
____ Other (Please Specify)

_____

8. Who has the most influence and credibility in promoting good health practices among migrant children and their parents?

____ Doctors
____ Nurses
____ Teachers
____ Community out-reach worker
____ Family
____ Church
____ Media
____ Other (Please Specify)

_____

9. Who should provide health education for migrant children and their parents?

____ Doctors
____ Nurses
____ Teachers
____ Community out-reach worker
____ Family
____ Church
____ Media
____ Other (Pease Specify)

_____

10. Which Health Instruction areas are most important in meeting the immediate and long-term health needs of migrant children and their families?

____ Nutrition
____ Fitness
____ Dental Health
____ Human Growth and Development (Family Relationships, Human Sexuality, Heredity, and Environment)
____ Mental Health
____ Substance Abuse
____ Disease Control
____ Anatomy
____ Physiology
____ Safety
____ Consumer Health
____ Other _____

11. What do you need to know in order to teach good health practices to migrant children and their parents? Check one or more of the following:

____ Basic health information
____ The importance of folk-medicines in the lives of migrant farmworkers
____ Barriers that prevent the practice of good health habits
____ The families present knowledge of good health practices

12. What types of materials do you need to promote sound health concepts?

____ A teacher's guide
____ A health skills list
____ Health concepts correlated to the skills list
____ Strategies and techniques of integrating health concepts into existing curriculums
____ Materials and activities to present health concepts
____ Health resource guide
____ Health education needs assessment instrument

13. Do you know of anyone who has been involved with Migrant populations in determining health patterns, beliefs, attitudes, and/or needs? (If you answer YES, please list the names and addresses below.)

____ YES ____ NO

_____

_____

_____

_____

_____

14. Do you know of any instruments that have been used to survey health patterns, beliefs, attitudes and/or needs of migrant populations? (If you answer YES, Please list below and forward if possible.)

_____ YES _____ NO

_____

_____

_____

_____

15. Do you know of any health educational materials appropriate for migrant children and their parents? (If you answer YES, please list below how they can be obtained.)

_____ YES _____ NO

_____

_____

_____

_____

Answer these questions only if you have accurate data.

16. What are the most frequently diagnosed health problems in migrant families:

0-1 years

_____

_____

1-5 years

_____

_____

6-18

_____

_____

18 years and over

_____

_____

APPENDIX B

HAPPIER Survey Form Used For Migrant State Directors

HAPPIER

Health Awareness Patterns Preventing Illnesses and Encouraging Responsibility

Survey - Migrant Education Programs

Do you need any health educational materials and training in order to implement a disease prevention and/or health promotion program for your migrant families?
___ Yes ___ No

Please specify: _____

1. What groups in a community should promote wellness and disease prevention in migrant children and their families? Check one or more of the following:

___ Migrant Health Staff
___ Migrant Education Program Staff
___ Head Start Program Staff
___ Coordination of efforts of all agencies and persons in a community that have an impact on the health status of an individual.
___ Other (Please Specify)
_____

2. In your community have agencies and organizations cooperated, in the past, to provide disease prevention and health promotion programs for migrant children and their families?

___ Yes ___ No

3. Which organization or agency in your community could most effectively coordinate health promotion programs for migrant families?

___ Migrant Health Projects
___ Migrant Education Programs
___ Planned Parenthood
___ Churches
___ Hospitals
___ Other (Please Specify)
_____

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PDE-3317A (2/84)

4. Check one or more definitions that best describe your view of "Holistic Health".

___ Viewing a person's wellness from a variety of perspectives.
___ Bringing together concepts and skills to enhance a person's growth towards harmony and balance.
___ Treating the "person" not the "disease".
___ Promoting the unity of body, mind and spirit.
___ An alternative to conventional medical practices.
___ Combining with the best health practices from both the east and the west.
___ A popular, but unscientific, "self-help" program.
___ An unsound set of principles that could delay or prevent necessary medical treatment.

5. What are the barriers that prevent migrant children and their parents from obtaining health care? (Number your choices - number 1 most significant)

___ Inaccessibility of health care delivery systems
___ Unavailability of health care delivery systems
___ High cost of care
___ Discrimination by the health care delivery system
___ Poor quality of care received
___ Other (Please Specify)

_____

6. What are the barriers that may prevent migrant children and their parents from using health practices that promote "wellness"? (Number your choices - number 1 most significant)

___ Cultural beliefs
___ Lack of motivation to change
___ Fatalistic attitude (feel they have no control of their destiny)
___ Lack necessary information to promote "wellness"
___ Other (Please Specify)

_____

7. What contributes most to the health status of an individual? (Number your choices - number 1 most significant)

___ Health Care Delivery System (restoration curative)
___ Life styles (leisure activity, consumption patterns, employment and occupational risk)
___ Environment (social, psychological, physical)
___ Human biological factors
___ Other (Please Specify)

_____

8. Who has the most influence and credibility in promoting good health practices among migrant children and their parents? (Number your choices - number 1 most significant)

___ Doctors
___ Nurses
___ Teachers
___ Community out-reach worker
___ Family
___ Church
___ Media
___ Other (Please Specify)
_____

9. Who should provide health education for migrant children and their parents? (Number your choices - number 1 most significant)

___ Doctors
___ Nurses
___ Teachers
___ Community out-reach worker
___ Family
___ Church
___ Media
___ Other (Please Specify)
_____

10. Which Health Instruction areas are most important in meeting the immediate and long-term health needs of migrant children and their families? (Number your choices - number 1 most significant)

___ Nutrition
___ Fitness
___ Dental Health
___ Human Growth and Development (Family Relationships, Human Sexuality, and Heredity and Environment)
___ Mental Health
___ Substance Abuse
___ Disease Control
___ Anatomy
___ Physiology
___ Safety
___ Consumer Health
___ Other _____

11. Do you know of anyone who has been involved with Migrant populations in determining health patterns, beliefs, attitudes, and/or needs? (If you answer Yes, please list the names and addresses below.)

___ Yes ___ No

_____

_____

_____

_____

12. Do you know of any instruments that have been used to survey health patterns, beliefs, attitudes and/or needs of migrant populations? (If you answer Yes, please list below and forward if possible.)

___ Yes ___ No

_____

_____

_____

_____

13. Do you know of any health educational materials appropriate for migrant children and their parents? (If you answer Yes, please list below how they can be obtained.)

___ Yes ___ No

_____

_____

_____

_____

Answer these questions only if you have accurate data.

14. What are the most frequently diagnosed health problems in migrant families:

0-1 years

_____

_____

1-5 years

_____

_____

6-18 years

_____

_____

18 years and over

_____

_____

15. What are the leading causes of death in migrants:

0-1 years

_____

_____

1-5 years

_____

_____

6-18 years

_____

_____

18 years and over

_____

_____

Please complete the form and return to Jim M. Sheffer, 333 Market Street, 8th Floor, Harrisburg, Pennsylvania 17108, in the self-addressed, stamped envelope no later than December 19, 1983.

Your cooperation is sincerely appreciated.

APPENDIX C

Survey Comments by Health Center Respondents

Listing of Health Center Respondents
Identification Numbers by State

I.D	State
1	AZ
2	CA
3	CA
4	CA
5	CA
6	CA
7	CA
8	CA
9	CO
10	CO
11	CO
12	CO
13	DE
14	FL
15	FL
16	FL
17	FL
18	FL
19	FL
20	FL
21	FL
22	FL
23	FL
24	GA
25	ID
26	ID
27	IL
28	IL
29	IA
30	KA
31	MI
32	MI
33	MI
34	MN
35	MO
36	NE
37	NJ
38	NM
39	NY
40	NY
41	NC
42	NC
43	NC
44	OH
45	OK
46	OR
47	PA
48	SC
49	SC
50	TX
51	TX
52	TX
53	TX
54	TX
55	TX
56	TX
57	TX
58	TX
59	TX
60	TX
61	TX
62	TX
63	TX
64	WA
65	WA
66	WA
67	WI
68	WY
69	PR
70	PR

Item 1

I.D	QU	COMMENT
1	1	Dr. Augusta Ortiz,M.D., Family and Community Medicine, Univ. of Arizona
2	1	Legal aid

Item 2

I.D	QU	COMMENT
11	2	Limited
13	2	Somewhat within resources
20	2	No real joint effort
24	2	Level of cooperation has not been intense
27	2	Not enough
29	2	Very little
32	2	Only partially

Item 3

I.D	QU	COMMENT
1	3	Project PPEP (Portable, Practical Educational Preparation)
4	3	An Interagency Rural Health Council
5	3	Local health departments
16	3	Migrant Helath Projects and Migrant Education Programs
17	3	Public school system
20	3	Rural Health Agency
24	3	Health Department
25	3	Public Health Departments
28	3	Local Health Departments, VNA
31	3	Area Council of Agencies serving migrants
36	3	Speciall HE/RR funded project

Item 4

I.D	QU	COMMENT
6	4	See attached article
13	4	Treating the person in their environment include the body,mind & spirit

Item 5

I.D	QU	COMMENT
4	5	Language barriers
6	5	Acceptability of available care; information availability
8	5	Lack of motivation/ education to learn
10	5	Migrant families attitudes & perception of "health"
12	5	Lack of awareness of their right to health care
13	5	Health care systems which are insensitive to the life style of their
13	5	patients
15	5	Lack of knowledge, transportation, motivation, funds
17	5	Knowledge of the ways of the system. How to take the first step.
19	5	The "migrating" often prevents follow-up
21	5	Fear of immigration
31	5	Language barrier
32	5	Crisis oriented living, leaving minor problems to become major ones
33	5	Culturally insensitive health care plans

Item 6

I.D	QU	COMMENT
4	6	Financial inability
6	6	Uninformed beliefs, i.e., ignorance (this appears to be cultural, but
6	6	isn't)
10	6	Attitudes and perception of wellness
12	6	Lack of time- some families do well just to survive by food/shelter
12	6	needs
17	6	Life stability is required to think about health
19	6	Their "migrating"
27	6	Lifestyle- insufficient funds to eat properly, poor housing due to
27	6	transient life
31	6	Language barrier
33	6	Lack of tailor made and appropriate to camp living health practices

Item 7

I.D	QU	COMMENT
10	7	Self perception concerning health and wellness
19	7	Education
32	7	Economic constraints & inadequate education

Item 8

I.D	QU	COMMENT
1	8	Peer group
10	8	As determined by direct research in migrant community
16	8	Migrant Health Education Project and Migrant Education Programs
17	8	Public school system
28	8	This is highly subjective as usually one individual professional is the
28	8	point of contact & credibility a client has w/ health care system
33	8	Curanperas (???) or family traditional practices

Item 9

I.D	QU	COMMENT
1	9	Peer group trained by doctors & other health care professionals
6	9	Anyone who has their confidence
10	9	As determined by direct research in migrant community
16	9	Migrant Education Programs and Migrant Health Education Project
17	9	Public school system
28	9	All, of course
29	9	Teach migrant leaders to provide health ed. to migrants themselves
32	9	All of the above

Item 10

I.D	QU	COMMENT
10	10	Targeted education of specific common diseases to migrants
17	10	Recreational sport for girls
18	10	Hygiene as a means of prevention
32	10	Basic health prevention concepts- like reading thermometers, recogniz-
32	10	ing danger signals.

Item 11

(No Comments)

Item 12

DATASET HAPPIERC

I.D	QU	COMMENT
6	12	See back for specific comments (not available on photocopy given to
6	12	evaluator)
13	12	A national priority list of immediate & long term Health Education
13	12	priorities that will be reinforced North & South
28	12	Added "Common sense and imagination"

APPENDIX D

Survey Comments by HAPPIER Consortium Members

Listing of Consortium Members
Identification Numbers

I.D	State
71	CM
72	CM
73	CM
74	CM
75	CM
76	CM
77	CM
78	CM
79	CM

Item 1

I.D	QU	COMMENT
73	1	This should include other agencies as well- i.e., Grower Assoc.
78	1	Employers; county health officials

Item 2

I.D	QU	COMMENT
73	2	Somewhat but not as much as they could
74	2	Don't know
79	2	Now? Yes'

Item 3

I.D	QU	COMMENT
72	3	All have cooperated but sometimes the degree of cooperation has been limited
73	3	Community based organizations and private non-profit groups
79	3	Comprehensive Perinatal Program- University Hospital (contact me for info.

Item 4

I.D	QU	COMMENT
74	4	"east and west ??" indicated after Combining with the best...
75	4	I don't like any of these. (In the last definition) if "unsound" was "sound" that would be my choice.

Item 5

I.D	QU	COMMENT
76	5	Knowledge concerning health in general
77	5	Lack of awareness
78	5	Illegal status- fear of officials
79	5	Migration patterns, fear, cultural bias toward not taking resp. for health care, esp. preventative health care

Item 6

(No comments)

Item 7

I.D	QU	COMMENT
79	7	Friendships

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Item 8

I.D	QU	COMMENT
78	8	Employers
79	8	Health education efforts in CHC

Item 9

I.D	QU	COMMENT
71	9	School nurse
73	9	School educational programs
78	9	Employers
79	9	CHC Health Educators

Item 10

I.D	QU	COMMENT
79	10	Pre or perinatal care/ social issues: dealing & undocumented status

Item 11

I.D	QU	COMMENT
79	11	Basic common sense

Item 12

I.D	QU	COMMENT
79	12	Basic common sense: most migrant families do not learn comfortably by
79	12	reading, but by talking 1:1.

APPENDIX E

Survey Comments by Migrant Education State Directors

Listing of Migrant Education Project Director
Identification Numbers by State

I.D	State
1	AL
2	AK
3	AZ
4	CA
5	CA
6	CO
7	CT
8	DC
9	FL
10	GA
11	IA
12	ID
13	IN
14	LA
15	MD
16	ME
17	MI
18	MN
19	MS
20	MT
21	NC
22	ND
23	NB
24	NH
25	NJ
26	NM
27	NY
28	OH
29	OK
30	OR
31	SD
32	RI
33	TN
34	UT
35	VA
36	VA
37	VT
38	WV
39	WY
40	CA

Item 0

I.D	Qu	Comment
2	0	Materials for families-??? to be helpful to families
5	0	Health Education curriculum in Spanish
6	0	We can always use materials, information others may have found effective with working with migrant families (1) many materials are not culturally appropriate (2) time available for instruction is limited, (3) some materials to be effective, should be in Spanish.
7	0	We would need funds for additional personnel as well in order to implement such a program.
8	0	The identified migrant population in the District of Columbia are the formerly migrant, Status 3 children....and most of them qualify for use the city community health clinics.
10	0	Available from private and public agencies
11	0	LEA's have some but always on the lookout for improvement
14	0	Training for local health educators (school nurses) within the migrant programs
15	0	In Maryland, Migrant Education has conducted cross-cultural health awareness training for instructional staff and school health providers. In 1983, the Governor earmarked special funds channelled through the State Department of Health and Mental Hygiene for local departments of health to implement disease prevention and health promotion for migrant families. Our needs include: cross-cultural awareness materials, nutrition, communicable disease control, and general health awareness for children and adults.
17	0	Awareness patterns to prevent illnesses are needed- also hygiene
18	0	We do not "need" materials, but we are always open to receive anything that is new or different. Our Migrant Health Program keeps us quite well supplied.
20	0	Specialist is to ??? to have this information
23	0	Parental inservice type
24	0	We have no such programs in place or available. Having no experience in the field, it's difficult to identify what would be needed.
25	0	Lead toxicity, herpes simplex II
26	0	Our local health programs would find excellent use for such training.
27	0	Educational packets designed for children and parents would be beneficial to our programs. Areas of top priority to us include: nutrition, dental health, adolescent pregnancy, sex education, infant care and early childhood development, substance abuse.
28	0	Individual has not been hired yet. Is to be hired in the spring.
29	0	Training for Migrant Education Staff, health educational materials that are geared for children & those geared for the adullts in Spanish & English.
30	0	Any health educational materials that a resource teacher or teacher-aide may use in a tutoring situation.
32	0	Our program is new, and presently in recruitment and identification stages. We are eager to receive materials pertinent to migrant families. Health educational materials and training would certainly be helpful in implementing a health promotion program.
34	0	Dental hygiene & practices
36	0	Materials explaining impetigo, the cause and cure. Materials explaining the need for immunizations and the importance of record keeping. Promotion program explaining the need for a proper diet and dental care.
37	0	Audio-visuals on hygiene & sex ed.
40	0	Spanish language materials on the following: nutrition, preventive dental care, pesticides, basic child development, hygiene, home safety, family planning, first aid

Listing of Migrant Education Project Director
Identification Numbers by State

I.D	State
1	AL
2	AK
3	AZ
4	CA
5	CA
6	CO
7	CT
8	DC
9	FL
10	GA
11	IA
12	ID
13	IN
14	LA
15	MD
16	ME
17	MI
18	MN
19	MS
20	MT
21	NC
22	ND
23	NB
24	NH
25	NJ
26	NM
27	NY
28	OH
29	OK
30	OR
31	SD
32	RI
33	TN
34	UT
35	VA
36	VA
37	VT
38	WV
39	WY
40	CA

Item 0

I.D	Qu	Comment
2	0	Materials for families-??? to be helpful to families
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8	0	The identified migrant population in the District of Columbia are the formerly migrant, Status 3 children....and most of them qualify for use the city community health clinics.
10	0	Available from private and public agencies
11	0	LEA's have some but always on the lookout for improvement
14	0	Training for local health educators (school nurses) within the migrant programs
15	0	In Maryland, Migrant Education has conducted cross-cultural health awareness training for instructional staff and school health providers. In 1983, the Governor earmarked special funds channelled through the State Department of Health and Mental Hygiene for local departments of health to implement disease prevention and health promotion for migrant families. Our needs include: cross-cultural awareness materials, nutrition, communicable disease control, and general health awareness for children and adults.
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23	0	Parental inservice type
24	0	We have no such programs in place or available. Having no experience in the field, it's difficult to identify what would be needed.
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30	0	Any health educational materials that a resource teacher or teacher-aide may use in a tutoring situation.
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36	0	Materials explaining impetigo, the cause and cure. Materials explaining the need for immunizations and the importance of record keeping. Promotion program explaining the need for a proper diet and dental care.
37	0	Audio-visuals on hygiene & sex ed.
40	0	Spanish language materials on the following: nutrition, preventive dental care, pesticides, basic child development, hygiene, home safety, family planning, first aid

Item 1

I.D	Qu	Comment
1	1	Public Health Department
2	1	County Health- hospitals- social services
3	1	County Health Dept.
5	1	School nurses
15	1	State Department of Health and Mental Hygiene staff
24	1	Our students are distributed throughout the state; it's impossible to
24	1	identify one group. Individuals vary- but school nurses are most
24	1	likely.
34	1	State Dept. of Health

Item 2

I.D	Qu	Comment
6	2	Colo. has a coalition of agencies working together for many years.
8	2	N/A
10	2	N/A few migrants in metro area
18	2	Very much so!
20	2	Billings (MT)
22	2	Not totally however
33	2	Cooperation in treatment only

Item 3

I.D	Qu	Comment
1	3	Public Health
2	3	Social services
3	3	State & County Health Depts.
4	3	United health centers
6	3	We [Colo. Dept. of Health and Migrant Ed. Programs] work together very
6	3	closely
7	3	Clinics, migrant nurses, Hispanic radio stations, school nurses
8	3	Public Clinics
10	3	Health departments
14	3	Local health clinics- rural areas
15	3	State Department of Health and Mental Hygiene
17	3	Migrant Interagency Health Subcommittee
23	3	Migrant health clinic
24	3	NE Farmworkers Assoc. Manchester NH (We're the only migrant program
24	3	with one exception- a program for ??? adults
26	3	Social clubs
31	3	Public & school health nurses
33	3	Public health dept.
34	3	Local & state health depts.
38	3	Local Health Departments

Item 4

I.D	Qu	Comment
23	4	All of the above- dependent on the individuals
24	4	I really don't have a clue. If I marked this- it would be what I would
24	4	prefer- not what H.H. is.

Item 5

I.D	Qu	Comment
2	5	Lack of knowledge
3	5	Lack of Transportation
4	5	Family attitudes towards health care
7	5	Lack of motivation probably because of misunderstanding knowledge
10	5	1. Lack of migrant awareness of available services 2. Lack of outreach
10	5	by existing health agencies
14	5	Lack of knowledge of availability
18	5	1. Work schedule (timing); 2. Low income
30	5	Language barriers.
33	5	Poor communication
34	5	Parents lack of know how to secure these services
35	5	In some rural areas thransportation to and from health care delivery
35	5	system.
37	5	Lack of confidence & know how in approaching system
40	5	Regulations excluding undocumented persons from health care programs;
40	5	i.e. Medical, Medicare, CCS

Item 6

I.D	Qu	Comment
3	6	Lack of transportation
7	6	Can't read notices or other information, many are talked down to and
7	6	not taught- they are not treated & hence do not feel like worthy
7	6	individuals
10	6	1. Poverty 2. Social isolation
13	6	Lack of continuity in health care
18	6	1. Preventive practices are not a high priority- money is used for
18	6	other "more important things."
30	6	Language barrier
34	6	Lack assertiveness
35	6	Language barriers
37	6	Inability to change old habits (Lack of belief that dif. habits will
37	6	improve health)
40	6	Living, housing conditions and/or economic situations which constitute
40	6	a threat to basic health

Item 7

I.D	Qu	Comment
3	7	Lack of transportation
4	7	Attitude
7	7	Statistically, I believe, poor people have the most & worst health
7	7	problems
40	7	Economic status which allows basic physical needs to be met; i.e. ade-
40	7	quate shelter, clothing, nutrition & preventive care.

Item 8

I.D	Qu	Comment
6	8	PARENTS. For children, their parents are most influential. CURANDER A
7	8	Any of these who speak their language (mostly Spanish) and treat them well.
27	8	Migrant Education Staff
31	8	School or community health
35	8	Schools
38	8	Local health clinics

Item 9

I.D	Qu	Comment
7	9	All, of course, if possible, but some have other priorities- rightfully
12	9	Migrant Education Program
27	9	Migrant Education Staff
31	9	Community or school health nurse
35	9	Schools
36	9	Public Health Nurse
38	9	Local health clinics

Item 10

I.D	Qu	Comment
6	10	Personal hygiene
7	10	Genetic counseling
29	10	Prevention techniques- taking care of a problem before it gets worse
36	10	Personal cleanliness
40	10	Pesticides, first aid & home medical care

APPENDIX F

Survey Responses to Item 13

State Director Responses

I.D	Qu	Comment
2	11	Ark. migrant program nurses and teachers
6	11	Mr. Chuck Stout, Dir., Migrant Prog., Colo. Dept. of Health, 4210 E.
6	11	11th Ave., Den., CO. 80220 PH:(303) 320-6137,Ex. 261; Ms. Terri
6	11	Swanson, Dental Hygienist, Migrant Prog., Colo. Dept. of Health,
6	11	Address & Ph. Same as Mr. Stout; Ms. Diane Velazquez, Denver Mental
6	11	Health Clinic, 1960 High, Denver, CO 80218. PH:(303) 388-3627 (Ex-
6	11	cellent well known, working with Medical); Ms. Chris Herrera,
6	11	Nursing Instructor, Metropolitan State College, 1006-11th, Den. CO
6	11	80204 (Has supervised statewide summer site nurses for Migrant Ed.,
6	11	Colo.)
9	11	Dr. Catherine Eastwood, 1025 S.W. 1st Ave., Ocala, FL, Women, Infants
9	11	and Children (WIC) Program; Redlands (??) Christian Migrant Associa-
9	11	tion, Immokalee, Florida; Ruskin Health Center, Ruskin, Florida
10	11	Beverly Norton; Fred Cervantes, Corpus Christi University; Richard
10	11	Morrison, Eastern Shore Interagency Council on Migrant Services; See:
10	11	Shenkin, Bud. Health Care for Migrant Workers: Policies and Politics.
10	11	Cambridge, Mass. Ballinger Publishing Company, 1974. also U.S.
10	11	Department of Health, Education, and Welfare, Region III Human Ser-
10	11	vices to Migrants. Philadelphia, Pa., 1977.
13	11	Ms. Lynn Clothier, Indiana Hlth Centers, IN 129 E Market, Indpls, IN
13	11	46204; National Migrant Referal Project, 55 N. IH 35- Suite 207
13	11	Austin, TX.
14	11	Janet Garza, 143 Project, Georgia State Univ., Atlanta, GA
15	11	Dr. Edith Wilson, Chief, Migrant and Refugee Health Branch, Maryland
15	11	Department of Health and Mental Hygiene, 201 W. Preston Street,
15	11	Baltimore, Maryland 20202; Susan Canning, Delmar Migrant Health
15	11	Program, Blue Hen Mall, Dover, Delaware 19901; Linda Breland, P.O.
15	11	Box 146, Federalsburg, Maryland 21632 (Maryland Migrant Health);
15	11	Sister Geraldine O'Brien, East Coast Migrant Head Start, 1401 Wilson
15	11	Blvd., Suite 207, Arlington, Virginia
18	11	Mrs. June Kragness, Migrant Health Services, Inc., Townsite Centre, 810
18	11	4th Ave. So., Moorhead, MN 56560
21	11	Joan Taylor, Harnett County Board of Education, Lillington, NC 27546;
21	11	Caroline Roper, Camden County Board of Education, Camden, NC 27921
23	11	Migrant health clinic, Scottsbluff, Nebraska
25	11	Henry Gerding, Dept. Health (N.J.), 1012 Haddonfield Rd., Haddonfield,
25	11	New Jersey; Marian Gault, N.J. Dept. Education (Migrant Education),
25	11	225 West State St., Trenton, N.J. 08625, 609-292-8463 (phone)
27	11	Beverly Norton, 12 Herber Avenue, Delmar, New York 12054
29	11	Ms. Sue Campos, Director, E.O.P.A. Migrant Division, 1814 Madison,
29	11	Toledo, Ohio 43624
34	11	Health staff of the Utah Rural Development Corp. in Salt Lake City
35	11	Delmarva Rural Ministries, Nassawadox, VA 23413
37	11	Myself- Bill Watson, R.N., Rural Ed. Ctr., 500 Dorset St., So. Burl.,
37	11	Vt. 05401
38	11	InterCounty Health, Inc., P.O. Box 3236, Martinsburg, WV 25401
40	11	Mercedes Padilla, Health Liaison, No. Monterey County VSD, Migrant
40	11	Education, 11161 Merritt St., Castroville, CA 95012; Dr. Antonio
40	11	Velasco, 1326 Natividad Rd., Salinas, CA

Health Center Responses

I.D	QU	COMMENT
1	13	Dr. Augusto Ortiz, M.D., Family & Community Medicine, Univ. of Arizona, Tucson, Arizona
2	13	Staff and Board Members of AWHC, Inc., 230 North California Street, Stockton, CA 95202
3	13	(myself) Tony Salazar, M.P.H., 476 East Washington Avenue, P.O. Box H, Earlimart, CA 93219 (I cover 900 sq. miles)
5	13	Migrant Education through Superintendent of Schools, Local Public Health Department
6	13	Sarah Gomez Erlach, RN, MPH, Chief, Farmworkers Health Branch, Rural Health Division, Department of Health, Room 750, 714 "P" Street, Sacromento, CA 95814 (916/322-4704)
7	13	Noel Chavez, 3530 Laclede Blvd., 3806 W, St. Louis, Mo 63103
9	13	Louie Campos, Sunrise CHC, Greeley, CO; Jerry Brosher, Plan de Solred, Ft. Lupton, CO; Chuck Stant, CO Health Department, Migrant Program, Denver, CO
10	13	Dr. Alan Ackerman, P.O. Box 1870, Sunrise Community Health Center, Greeley, CO; Dr. Robert Trotter, Pan American University, Edinburgh, TX; Mr. Frank Sorvilla, L.A. County Department of Health
11	13	Dr. Carla Littlefield, CO Department of Health- Migrant Health; Dr. Gloria Mattera, BOLES Geneseo Migrant Center Director, Geneseo,NY
13	13	Dr. Robert Tidwell, M.D.; Dr. Boyd Shenkin, M.D.; Dr. Bob Trotter
16	13	Health patterns, beliefs, attitudes and needs; 1. Operation Concern, Inc., Bldg. S330, P.O. Box 2149, West Palm Beach, FL 33402; 2. South Palm Beach County Migrant Coordinating Council, Inc., Rt. 1, Box N, Delray Beach, FL 33446; 3. Florida Farm Workers Council, Inc., Central Adm. Office, 1975 East Sunrise Boulevard, Ft. Lauderdale, FL 33304; 4. Hispanic Human Resources- Data Bank, 820 Belvedere Road, West Palm Beach, FL 33405
18	13	Mr. Cipriano Garza, Migrant Project, 520 NW 1 Avenue, Homestead, FL 33030; Ms. Terry Jimenez, Redland Christian Migrant Association, 16085 SW 293 Drive, Homestead, FL 33030
19	13	Margarita Simms, Farm Workers Self-Help, Inc., Loch Street, Dade City, FL 33525
23	13	Charles R. Stark, M.D.; Minerva Rodriquez, Outreach Worker
28	13	All members of this agency
32	13	Linda Budnick, RN, P.O. Box 130, Bangor, MI 49013; Virginia Morales, RN, 285 James Street, Holland, MI
33	13	Margaret Fanfalone, 1137 Dallim Street, Lansing, MI 48912

Consortium Member Responses

I.D	QU	COMMENT
72	13	Could obtain name & information on what has been done
73	13	Tidwell Foundation- Wash. State
76	13	I already gave you the names- Dr. Trotter
77	13	Jean Podgeny- doctoral dissertation on most frequent presenting health problems in migrant population, Howard University- data available through Mass.Mig.Ed.Prog.
78	13	Linda Billings, unpublished EPA studies
79	13	Have names & addresses- call me

BEST COPY AVAILABLE

APPENDIX G

Survey Responses to Item 14

Health Center Responses

I.D	QU	COMMENT
1	14	Nutrition survey done as Master's thesis by Ivy Valle, on record with
1	14	Dr. Chuck Weber, Nutrition & Food Science, Department of Agriculture,
1	14	University of Arizona, Tuscon, AZ
2	14	Survey for Pesticide Exposure (attached)
3	14	"The Health of Tulare County Farmworkers" Report 1981, Funded by Rural
3	14	Health Division of the CA Department of Health Services. For copy
3	14	call Sylvia Aguirre, M.P.H. at (916) 322-1373 (tell her I sent you)
6	14	Available through (person indicated in) #13
7	14	Same (as #13)
9	14	Louie Campos, Jerry Brosher, Chuck Stant (addresses same as #13)
10	14	Migrant/local health status assessment form (modified from HANES Quest-
10	14	ionnaires used in enclosed report form attached; Contact also Dr.
10	14	Robert Trotter, Frank Sorvilla for Azarcon Greta use assessment forms
11	14	(No) other than revised health histories
13	14	Wisconsin Study, 1978, Migrant Health Project
16	14	East Coast Migrant Health Project, Palm Beach County Health Department
16	14	(1976); Florida Migrant Nutrition Study (1970) CDC

Consortium Member Responses

I.D	QU	COMMENT
72	14	Historical study by Sondra Porteus
77	14	See previous question
78	14	HANES Hispanic Study (HHS) underway may catch some; although, focus is
78	14	on urban population
79	14	Will forward

State Director Responses

I.D	Qu	Comment
2	12	Health data (survey of present & past patient & family illnesses &
2	12	immunization data); mini-physicals; MSHTS health record
6	12	Mr. Chuck Stout, Dir., Migrant Program, Colo. Dept. of Health
9	12	The Association of Migrant Organizations
10	12	Health Opinion Survey by Dorothea C Leighton, and Nora F. Cline. "The
10	12	Public Health Nurse as a Mental Health Resource." In Thomas Weave,
10	12	ed. Essays in Medical Anthropology. Athens, Georgia: University of
10	12	Georgia Press, 1966. Also used in survey of farmworkers. See Sub-
10	12	stance Use Among Migrant and Seasonal Farmworkers in Central Florida,
10	12	Arnow (ERIC: ED164 190)
14	12	Contact Janet Garza
15	12	Johns Hopkins University: Focus on Health Practices among migrant women
15	12	and children. Contact Jane Cutler (301) 366-6138
25	12	New York State- Migrant Program, Health Component
27	12	"I HELP" (a 143 project in New York State- 1982) conducted an extensive
27	12	nationwide health survey. The results of that survey are stored in
27	12	the computer in Little Rock, Arkansas.

APPENDIX H

Survey Responses to Item 15

Health Center Responses

I.D	QU	COMMENT
1	15	West Pinal Family Health Center on Florence Blvd., Casa Grande, AZ
2	15	Check with Elizabeth Aghbashina, Nutritionist, AWHC, Inc., 230 North California Street, Stockton, CA 95202
3	15	There is a lot but not with me
4	15	Farmworker Health Division, CA State Health Department
6	15	Available through (person indicated in) #13
10	15	Posters & material on Azarcon/Greta lead poisoning from Dr. Alan Ackerman, Sunrise Community Health Center, P.O. Box 1870, Greeley, CO 80632
12	15	(No) not that I have seen, but I have not researched all the materials available
13	15	We have done some dental films in our clinic regarding school aged children
18	15	Pamphlets and booklets from various health related agencies, i.e. American Cancer Society, Lung Association, March of Dimes, Drug Companies, etc.
20	15	Numerous pamphlets and literature in Spanish & English on various subjects available from U.S. Government Printing Office, Washington, DC
26	15	We cannot think of examples at this time other than some Dairy Council materials in Spanish for nutrition. Some dental materials from ADA. We know there are more but we are just building our resources.
28	15	Aqui Se Habla Espanol- a guide to Spanish language health and patient information, DHHS Publication No. (HSA) S-1-7006, 5600 Fishers Lane, Rockville, MD 20857
30	15	Write State Department of Health and Environment, Forbes Field, Topeka, KA 66620
31	15	Nutrition for OB- March of Dimes; How to Take a Temperature- McNeil & Products Company
34	15	We have a wide variety of materials

Consortium Member Responses

I.D	QU	COMMENT
72	15	California Department of Education has many materials translated in Spanish
73	15	Wash. State
78	15	EPA Pesticides Safety slide show
79	15	You have our MCAPP stuff; will send stuff when I get home. Once again, we rely on 1:1 verbal communication- private intimacy.

State Director Responses

I.D	Qu	Comment
2	13	State health department
4	13	An Early Start to Good Health; Health Network (both available from the
4	13	American Cancer Society)
5	13	Bea Roppe
6	13	Summer 1983 Colorado Dept. of Education/Colorado Dept. of Health Teach-
6	13	er Units in Nutrition, Dental and Safety. May be obtained by con-
6	13	tacting Mr. Chuck Stout or Ms. Terri Swanson (Dept. of Health) or
6	13	Ms. Peggy Lesher, (Colo. Dept. of Education - 534-8871, Ext. 243)
7	13	Local & state dept. pamphlets on nutrition, eyecare, hearing- in Span-
7	13	ish; we can send if you need samples
9	13	Materials available through health depts.
13	13	National Migrant Referal Project, 55 N. IH 35- Suite 207 Austin, TX;
13	13	National Health Info Clearing House, P.O. Box 1133 Washington, DC
13	13	20013
14	13	Free materials from American Cancer Society
17	13	Health consultant- Mich. Dept. of Ed., Box 30008, Lansing, Mich. 48909
18	13	Write to Migrant Health Services, Inc.- address on previous page
24	13	Mr. Gary Guzovskas, Safety & Driver Education, NH Dept. of Ed.,
24	13	64 North Main Street, Concord NH 03301
25	13	TB, VD, Head Lice, Nutrition, Eye care, Dental health- c/o Dept. Health
25	13	John Fitch Plaza 08625 609-292-7837
36	13	See enclosed material.
37	13	Planned Parenthood of Vt.; Vt. Health Dept.; Dairy Council of Vt.
37	13	(nutrition)
38	13	Children are exposed to a variety of materials in school
40	13	1. Slide/cassette program re: family planning available from Planned
40	13	Parenthood of San Mateo County, 2211 Palm Ave., San Mateo, CA 94403;
40	13	2. Student materials, teachers' guides (Sp., Eng.) re: accident pre-
40	13	vention, diseases, dental hygiene, nutrition, personal hygiene from
40	13	Educational Factors, Inc., 1261 Lincoln Ave., P.O. Box 6389,
40	13	San Jose, CA 95150

APPENDIX I

Survey Responses to Item 16

Health Center Responses

I.D	Qu	Comment
2	16	Anemia, otitis media, respiratory infections, intestinal infections including parasites
4	16	Anemia, diarrhea, nutritional deficiencies, dermatological problems (hives, rashes, etc.), upper respiratory infections
5	16	Upper respiratory tract infections, gastroenteritis
7	16	Upper respiratory infections, sore throats, parasites (intestinal), lice, allergies, poor nutrition
12	16	Ear infections, anemia, nutrition (poor development), staph infections (skin infections), diarrhea, dysentary
13	16	Otitis media, gastrointestinal problems ex. diarrhea
20	16	Upper respiratory infections
23	16	Anemia and intestinal parasites
26	16	Otitis media, upper respiratory infections
30	16	Anemia
32	16	U.R.I., gastro int.

Consortium Member Responses

I.D	Qu	Comment
7	16	Otitis media, URI. G.I. upsets

State Director Responses

I.D	Qu	Comment
2	14	Fever & otitis
14	14	Unknown
15	14	Immunizations, bronchitis, skin rashes, gastro-enteritis, acute contagious communicable problems
18	14	Respiratory
22	14	Anemia
26	14	Colds, overweight, underweight
27	14	Nutrition related problems

Health Center Responses

I.D	Qu	Comment
2	17	Anemia, otitis media, respiratory infections, intestinal infections, skin infections
4	17	Anemia, upper respiratory infections, ear infections, immunization, accidents, bottle mouth syndrome
5	17	Tonsillitis, Otitis Media
7	17	Dental, parasites, contagious diseases, skin allergies, sore throats & colds, immunizations not up to date, anemia, poor nutrition
12	17	Ear infections, malnutrition, dental, dysentary, skin infections
13	17	Otitis media
20	17	Impetigo, head lice, upper respiratory infections
23	17	Anemia and intestinal parasites
26	17	Otitis media, upper respiratory infections
30	17	Anemia, dental carries
33	17	Dental carries, conjunctivitis, Otitis, pediculosis, diarrhea

Consortium Member Responses

(No Responses)

State Director Responses

I.D	Qu	Comment
2	15	URI- otitis- asthma- allergies- lice- V & D
7	15	Asthma-bronchitis; also, many heart problems, congenital defects
14	15	Unknown
15	15	same as above
18	15	Respiratory infections
22	15	Anemia, pediculosis- head and body, scabies
26	15	Same
27	15	Nutrition related problems, immunizations
38	15	Childhood diseases (i.e. chicken pox, measles, etc.)

Health Center Responses

I.D	QU	COMMENT
2	18	Anemia, respiratory infections, diabetes mellitus, family planning
4	18	Anemia, upper respiratory infections (asthma, sore throats), accidents
5	18	Pregnancy, irregular menses
7	18	Dental, upper respiratory, virus, immunizations not up to date, lack of
7	18	family planning, anemia, poor nutrition
12	18	Nutrition (over/under weight), dental, pregnancy
13	18	Upper respiratory infections
20	18	Venereal disease, pregnancies, poor nutrition, anemia
23	18	Anemia and intestinal parasites
26	18	Lower level- upper respiratory infections. Upper level female- preg-
26	18	nancy. Upper level male- do not come for health care unless there is
26	18	an acute problem.
30	18	Dental carries

Consortium Member Responses

(No Responses)

State Director Responses

I.D	Qu	Comment
2	16	Asthma- allergies- URI- V & D- VD- visual disturbances- lice
3	16	Dental health
4	16	Chronic otitis media, iron deficiency or nutritional anemia, intestinal
4	16	parasites
7	16	Dental problems, vision
14	16	Dental problems, head lice: detected by Migrant School Nurses
15	16	Skin problems; family planning, anemia, intestinal parasites, occupa-
15	16	tional and other accidents
8	16	Dental
22	16	Anemia, pediculosis, head and body lice, dental, and scabies
26	16	Glasses, teeth, tumors, cancer, overweight
27	16	Dental health, immunization records
29	16	Pediculosis, skin problems- rashes, & dental needs.
36	16	Dental caries, need for immunizations, impetigo
37	16	Head lice, tooth decay & peridontal disease
38	16	Childhood diseases (as above), colds, flu

Health Center Responses

I.D	QU	COMMENT
2	19	Obesity, diabetes mellitus, hypertension, musculo skeletal disorders,
2	19	substance abuse
4	19	Accidents, pregnancy, STD's, communicable diseases
5	19	Pregnancy, vaginal infections
7	19	Pesticides, dental, alcohol, pregnancy, family planning, anemia, poor
7	19	nutrition
12	19	Hypertension, diabetes, back problems (bone disorders)
13	19	Work related injuries or camp related injuries
20	19	Substance abuse, injuries, venereal disease
23	19	Anemia and intestinal parasites
26	19	Urinary tract infections. In female population- vaginal infection.
26	19	Above age 35- diabetes and hypertension. Age 25 and some younger-
26	19	we are seeing more ulcer and midepigastric pain.

Consortium Member Responses

(No Responses)

State Director Responses

I.D	Qu	Comment
2	17	No data
14	17	Unknown
15	17	Hypertension, alcoholism
18	17	?
22	17	We do not serve these children in North Dakota
26	17	Female infection, breast tumors, overweight
27	17	Dental health

APPENDIX J

Survey Responses to Item 17

Health Center Responses

I.D	QU	COMMENT
2	20	Infection, diarrhea and dehydration
7	20	Pneumonia
12	20	Diarrhea, dysentary, dehydration, unattended medical problems
13	20	Illnesses related to diarrhea and dehydration
20	20	Neglect (physical)
23	20	Accidents
26	20	Accidents, children born to high risk prenatal patients who are born
26	20	with problems or do not receive adequate care.

Consortium Member Responses

(No Responses)

State Director Responses

I.D	Qu	Comment
2	18	Sids (??)- dehydration- untreated congenital defects
14	18	Unknown
15	18	Gastr-enteritis
18	18	?
22	18	We have very few incidents of death in any of our migrant children. We
22	18	are a summer program and therefore we do not have the migrant
22	18	children for long periods of time.

1-5 Years

Health Center Responses

I.D	QU	COMMENT
2	21	Trauma, including child abuse, poisonings
12	21	Pneumonias, childhood injuries (burns)
13	21	Accidents
20	21	Abuse- due to no supervision
23	21	Accidents
26	21	Accidents (field & auto)

Consortium Member Responses

(No Responses)

State Director Responses

I.D	Qu	Comment
2	19	Accidents- ???
14	19	Unknown
15	19	Gastro-enteritis
18	19	?

6-18 Years

Health Center Responses

I.D	QU	COMMENT
2	22	Trauma--car accidents, drowning and homicides
12	22	Accidental deaths
13	22	Accidents- drownings
20	22	Lack of medical help until situation is beyond control
23	22	Accidents
26	22	Accidents

Consortium Member Responses

(No Responses)

State Director Responses

I.D	Qu	Comment
2	20	Accidents- suicides
4	20	Accidents
14	20	Unknown
15	20	Accidents
18	20	Farm accidents

Health Center Responses

I.D	QU	COMMENT
2	23	Cardiovascular disease, chronic respiratory disease and malignancy
7	23	Drinking, accidents, hypertension, pesticides
12	23	Undetected cancers, cardiovascular, violence (stabbings)
13	23	Accidents, illnesses related to the cardiovascular system
20	23	Substance abuse- leading to fatalitites, lack of seeking medical attention when needed.
23	23	Accidents
26	23	Over 35- untreated chronic disease. Kidney problems

Consortium Member Responses

(No Responses)

State Director Responses

I.D	Qu	Comment
2	21	Accidents & suicides
14	21	Unknown
15	21	Accidents, hypertension, chronic diseases (See attached chart)
18	21	?